



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

RBE117-68021W8-5  
Job Sheet 185134



Part No: RBE117-68021W8-5

Job Qty: 4 ea

Part Name: Handle



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 10/23/18

Job Tracking No:

Due Date: 11/16/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG RBE117-68021W8 Rev. 1 IPP Rev. A 18.09.28 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 4 Ea  | 11/16/18   | 11/16/18 | 0.00      | 0.00    | Start Up Machining-3  |           | JB 18.12.21 |
| 110   | CNC Lathe          | 4 pcs | 11/16/18   | 11/16/18 | 0.00      | 2.00    | MORI SL-154           |           | JB 18.12.21 |
| 120   | QC                 | 4 pcs | 11/16/18   | 11/16/18 | 0.00      | 0.00    | QC2 Machining-4       |           | JB 18.12.21 |
| 130   | QC                 | 4 pcs | 11/16/18   | 11/16/18 | 0.00      | 0.00    | QC8 Machining-4       |           | JB 18.12.21 |
| 140   | Packaging          | 4 pcs | 11/16/18   | 11/16/18 | 0.00      | 0.00    | Packaging3-1          |           | 21 11/16/18 |
| 150   | QC21-SA            | 4 Ea  | 11/16/18   | 11/16/18 | 0.00      | 0.00    | QC21                  |           | DEC 21 2018 |

Part Op Descriptions: 110 - 1-Machine as per DWG. FC 426 FOLIO REV: \_\_\_\_\_ DWG REV: 1 2-Deburr

GA162

### Job BOM

| Part / Item | Component Name     | Quantity            | Operation             | Container |
|-------------|--------------------|---------------------|-----------------------|-----------|
| M303R0.313  | 303 Round Bar .313 | 1.3720 ft (.343 ea) | 90-Start up Operation | 5026900   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | M303R0.313     | 1        | 29        | 0         |

### Part Specifications

Specifications could not be found.



Container No: S139718



Part: RBE117-68021W8-5

Job No: 185134

Serial No/Batch: S139718

Revision: 1

Inspector:

Exp Date:

Instructions:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL.: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

Plex 10/23/18 9:00 AM Dart.lajeunesse.marie

Date: 12/21/18

DAS  
62  
9-89



DOA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

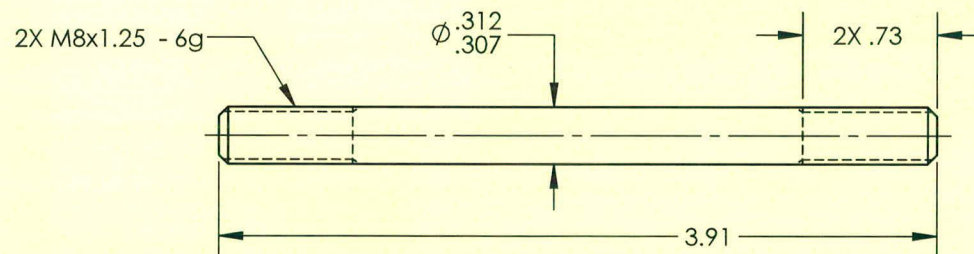
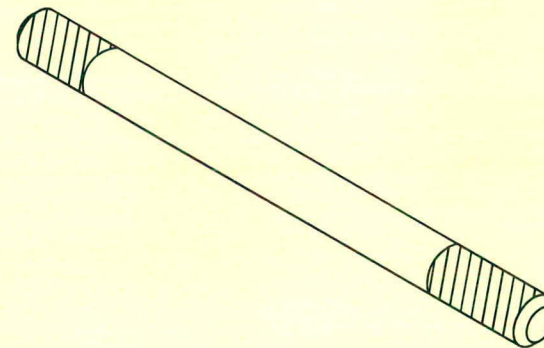
Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |

This drawing, specifications, and concepts contained here in are the sole property of Dart Aerospace, and may not be reproduced or used in any fashion without the prior written permission of Dart Aerospace Eugene, OR.

| REV |  | ECR | DESCRIPTION | DATE | INITIAL | APPROVED |
|-----|--|-----|-------------|------|---------|----------|
|     |  |     |             |      |         |          |

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 182134 *MS*  
*187023*



(5)

HANDLE

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| <b>DART<br/>AEROSPACE</b>          |                                                        |
| TITLE<br><b>PULLER (SLT61RM14)</b> |                                                        |
| DWG NO.<br><b>RBE117-68021W8-5</b> | REV<br><b>1</b>                                        |
| MAT'L S.S. 303                     | UNLESS OTHERWISE SPECIFIED<br>DIMENSIONS ARE IN INCHES |
| HEAT                               | .XXX ± .005 FRACTIONS ± 1/8                            |
| TREAT                              | .XX ± .01 ANGLES ± .5°                                 |
| FINISH                             | .X ± .1 SURFACES = 125 ✓                               |
| SPEC                               | 1. BREAK ALL SHARP EDGES<br>.015 x 45° OR .015R        |
| DRAWN BY: MACKOVJAK                | 2. DIMENSIONAL LIMITS APPLY<br>AFTER PLATING           |
| CHECKED: DUERFELDT                 | 3. INTERPRET DIM AND TOL PER<br>ASME Y14.5M-2009       |
| OPPS APPR: ANDERSON                | USED ON MODEL                                          |
| QA APPR: LINDSAY                   | H145                                                   |
| APPROVED: GILBERT                  |                                                        |
| SCALE 1:1                          | DATE 7/21/2016 SHEET 4 OF 4                            |







93  
03-0